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DATE: July 1, 2005

PTO IDENTIFIER: Application Number 10/081,009-Conf. #1331
Patent Number

Inventor: Lutz Webber et al.

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Attorney Dkt. #: 56937(41925)

PAGES (Including Cover Sheet): 3

CONTENTS: One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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Application No. (if known): 10/081,009

Attorney Docket No.: 56937(41925)

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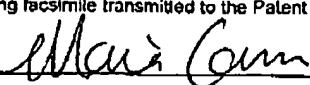
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 56937(41925)
Application Number	10/081,009-Conf. #1331	Filed February 20, 2002
For NOVEL COMPOUNDS THAT INHIBIT TRYPTASE ACTIVITY		
Art Unit 1626	Examiner R. T. Shiao	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$ 60
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<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>40,024</u>  <u>Jeffrey D. Hsi</u> Signature _____ Date <u>July 1, 2005</u> <u>Jeffrey D. Hsi</u> Typed or printed name _____ Telephone Number <u>(617) 439-4444</u>		
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